



Department of Public Health and Social Services

Division of Public Welfare ♦ Work Programs Section

123 Chalan Kareta Mangilao, Guam 96913-6304

Telephone 735-7256 ♦ Fax 734-5955

PARTICIPANT REIMBURSEMENT REQUEST (PRR)

Direct Payment# _____

Control #: _____

Social Worker: _____

Program: JOBS or **GETP**

Participant Name: _____

Mailing Address: _____

Social Security Number: _____

Contact Numbers: _____

Case Number: _____

Vendor Number: _____

I am requesting reimbursement of the following expenses incurred from _____ to _____:

[] Transportation \$ _____ [] Ancillary \$ _____ [] Teen Parent Allowance \$ _____
(Original Detailed Receipts **MUST** be Attached)

I hereby certify that expenses for which I am seeking reimbursement have been paid by me. I understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statement(s).

PARTICIPANT SIGNATURE

DATE

The Department of Public Health and Social Services (DPHSS) shall pay expenses incurred for supportive services for families eligible to receive such assistance. Payment shall only be made when this Reimbursement Request Form is completed and accompanied by other documentation required by the Program. **Documents must be submitted to DPHSS, Division of Public Welfare – Work Programs Section, by the 5th work day of each month but no later than 30 calendar days after the last day of the month in which reimbursement is requested.**

Example: October 2014 PRR is due by the 5th work day in November 2014 but no later than November 30, 2014 (30 calendar days).

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

Date Authorized: _____

[] GETP

[] JOBS

Approved: Transportation: \$ _____

ATTACHMENTS:

Ancillary: \$ _____

[] CHILD CARE CALENDAR

[] CHECK STUBS

Teen Parent: \$ _____

[] RECEIPT(S)

[] ATTENDANCE CALENDAR

Service Month: _____

[] TRANSPORTATION REPORT

[] OTHER _____

WPS Case File #: _____

WPS Staff: _____

Date Processed: _____

WPS Staff: _____

MISC COMMENTS/NOTES (Official Use Only):

